

Image# 12970747669

PAGE 1 / 2

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) EARL BLUMENAUER			2. Candidate's FEC Identification Number H6OR03064		
(b) Address (number and street) 830 NE Holladay #105			<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code PORTLAND			3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation DEMOCRATIC PARTY		5. Office Sought House		6. State & District of Candidate OR 03	

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2012 election(s).  
(year of election)

**NOTE:** This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) BLUMENAUER FOR CONGRESS		
(b) Address (number and street) 830 NE Holladay, #105		
(c) City, State, and ZIP Code Portland OR 97232		

### DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) BLUMENAUER CENTURY FUND		
(b) Address (number and street) 830 NE Holladay #105		
(c) City, State, and ZIP Code PORTLAND OR 97232		

*I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.*

Signature of Candidate EARL BLUMENAUER  [Electronically Filed]	Date 03/18/2012
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**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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**FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)**

FEC Form 2 (Rev. 02/2003)

Page 2 / 2

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES****[ ADDITIONAL ]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

JARED POLIS VICTORY FUND 2012

(b) Address (number and street)

P.O. BOX 1174

(c) City, State and ZIP Code

SPRINGFIELD

VA

22151

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES****[ ADDITIONAL ]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State and ZIP Code

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES****[ ADDITIONAL ]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State and ZIP Code